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# MDS-RCA Training

Case Mix Team  
Office of MaineCare Services  
August 2015

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## MDS-RCA Training: Agenda

- History of MDS-RCA
- Purpose:
- Definitions
- Schedule of Assessments
- Case Mix Index, RUGs
- Accuracy and Sanctions
- MDS-RCA Assessment Tool
- Correction Policy
- Quality Indicators

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MDS-RCA Training: History



In 1994 a workgroup made up of providers, Muskie School and DHHS representatives was established to provide recommendations for development of:

- MDS-RCA form design and content
- Classification system
- Case Mix payment system
- Quality Indicators

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MDS-RCA Training: History

### 1995 Time Study

Twenty five facilities, with a total of 626 residents, participated in this time study. This included the following residents:

- In small facilities
- With head injuries
- With Alzheimer's Disease
- With Mental illness



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MDS-RCA Training: History

### 1999 Time Study

Thirty-two Facilities, with a total of 735 residents, participated in another time study. Facilities were selected according to:



- Overall population
- Presence of complex residents
- Presence of residents with mental health issues
- Presence of residents with Alzheimer's or other Dementia
- Presence of elderly population

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MDS-RCA Training: History

### 1999 Time Study Results



- Residents were more dependent in ADL's
- There was an increase in residents with Alzheimer's and other Dementias.
- There was an increase in wandering and intimidating behaviors.
- There was an increase in the amount of time needed to care for these residents
- The Case Mix Grouper needed to be revised

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MDS-RCA Training: Purpose

## Who, What, Where, Why and, When...

### of Case Mix

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MDS-RCA Training: Purpose

### So... Who completes the MDS-RCA?

...The MDS-RCA Coordinator  
with help from:

- ✓ The resident
- ✓ Personal Support Specialists
- ✓ CRMA
- ✓ family
- ✓ clinical records
- ✓ Social Services
- ✓ dietary, activities and other staff



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MDS-RCA Training: Purpose



### And... What is Case Mix?

Case Mix is a system of reimbursement that pays facilities according to the amount of time spent providing care to residents.

Residents are grouped according to the amount of time needed to provide their care

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MDS-RCA Training: Purpose



**And... Where is the assessment done?**

MDS-RCA assessment is completed in the facility

- All residents
- Regardless of payer source

The MDS-RCA cannot be completed if the resident is not in the facility. For example, if in the hospital or on a therapeutic leave

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MDS-RCA Training: Purpose



**And... Why do we need to do MDS-RCA Assessments?**

1. To provide information to guide staff in developing a realistic individualized Service Plan.
2. To place a resident into a payment group within the Case Mix System.
3. To provide information that determines the Quality Indicators.
4. To show an accurate picture of the resident's condition, the type and amount of care needed

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MDS-RCA Training: Purpose



**So... Why do we need to do MDS-RCA Assessments? (cont.)**

5. Improve equity of payment to providers
6. Provide incentives to facilities for accepting residents with higher care needs
7. Strengthens the quality of care and quality of life for residents.

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MDS-RCA Training: Purpose		
Schedule of Assessments:		
Type of Assessment	When Performed	When does it need to be completed
Admission Assessment	Initial admission	By the end of 30 <sup>th</sup> day after admission as represented by 32b date. Admission date is marked as day one.
Semi-Annual Assessment	Within 180 days of the most recent RGA, sequenced from the 8th date of the previous assessment	Within 90 days of the assessment date entered in 46, as represented by 82b date
Annual Assessment	Within 12 months of the most recent MDS-RCA assessment	Within 7 days of Assessment date entered in 46, as represented by 82b date
Significant Change Assessment	Only if significant change has occurred	By 14 <sup>th</sup> day after change has occurred as represented by 82b date
Other	When requested by Case Manager. This will respect the clock for all subsequent assessments	Within 7 calendar days of Case Manager request as represented by 82b date
Discharge Tracking Form	When a resident is discharged, transferred or deceased	Within 7 days of the event
Basic Assessment Tracking Form	Provides key information to support facility self-audit and to track the results in an automated system	Complete with all discharges with 7 days of the event
Identification Information		

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MDS-RCA Training: Purpose

## When to complete a Significant Change MDS-RCA assessment:



- Resident has experienced a “major change”
- Not self-limited
- Impacts more than one area of the resident’s clinical status
- Requires review and/or changes to the service plan
- Improvement or decline
- Completed by the end of the 14<sup>th</sup> day following the documented determination

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MDS-RCA Training: Timeliness and Accuracy

## Timeliness

MaineCare Benefits Manual, Chapter III, Section 97, §7060.1:

"The Department will sanction providers for failure to complete assessments completely, accurately and on a timely basis."



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MDS-RCA Training: Timeliness and Accuracy

### Accuracy

Each assessment must be conducted or coordinated by staff *trained in the completion of the MDS-RCA*.

**Documentation is required to support the time periods and information coded on the MDS-RCA. (MBM, chapter III, Section 97, Appendix C, §7030.3)**

Penalty for Falsification: The provider may be sanctioned whenever an individual willfully and knowingly certifies (*or causes another individual to certify*) a material and false statement in a resident assessment.

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MDS-RCA Training: Case Mix Review

### Case Mix Quality Assurance Review



About every 6 months, a Case Mix nurse reviews a number of MDS-RCA assessments and resident records to check the accuracy of the MDS-RCA assessments.

Insufficient, inaccurate or lack of documentation to support information coded on the MDS-RCA may lead to an error.

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MDS-RCA Training

### Poor Documentation could mean...



Lower payment than the facility could be receiving, OR

Overpayment which could lead to repayment to the State (Sanctions). This is due to either overstating the care a resident received or insufficient documentation to support the care that was coded.

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MDS-RCA Training: Sanctions

### Sanctions:

2%	Error rate 34% or greater and less than 37%
5%	Error rate 37% or greater and less than 41%
7%	Error rate 41% or greater and less than 45%
10%	Error rate 45% or greater
10%	If requested reassessments not completed within 7 days

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MDS-RCA Training: Purpose

### Case Mix Resident Classification Groups and Weights



There are a total of **15** case mix classification or RUG (Resource Utilization Groups) groups, including one default group used when a resident cannot be classified into one of the other 14 classification groups.

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MDS-RCA Training: Case Mix Review

### 5 categories:

- Impaired Cognition
- Clinically Complex
- Behavioral Health
- Physical
- Default or Not Classified

The Department assigns each case mix classification group a specific case mix weight, as follows...

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MDS-RCA Training: Purpose

MAINECARE RCF RESOURCE GROUP WEIGHTS			
Resident Group	Order	Short description	MaineCare Weight
IC1	1	IMPAIRED 15-25	2.250
IB1	2	IMPAIRED 12-14	1.568
IA1	3	IMPAIRED 0-11	1.144
CD1	4	COMPLEX 12-25	1.944
CC1	5	COMPLEX 7-11	1.593
CB1	6	COMPLEX 2-6	1.206
CA1	7	COMPLEX 0-1	0.938
VC1	8	BEHAVIORAL HEALTH 16-25	1.916
VB1	9	BEHAVIORAL HEALTH 6-15	1.377
MA1	10	BEHAVIORAL HEALTH 0-4	0.980
PD1	11	PHYSICAL 11-25	1.418
PC1	12	PHYSICAL 6-10	1.019
PB1	13	PHYSICAL 4-7	1.004
PA1	14	PHYSICAL 0-3	0.731
BC1	15	NOT CLASSIFIED	0.731

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MDS-RCA Training: RUG Groups

The ADL index score is determined as follows:

ADL Function	Self-Performance	MDS-RCA Code	ADL Score
1. Bed Mobility (G1aa)	Independent	0	0
2. Transfer (G1ba)	Supervision	1	1
3. Locomotion (G1ca)	Limited Assistance	2	2
4. Dressing (G1da)	Extensive assistance	3	3
5. Eating (G1ea)	Total Dependence	4	4
6. Toilet Use (G1fa)			
7. Personal Hygiene (G1ga)	Activity did not occur	8	4

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MDS-RCA Training: RUG Groups



Impaired Cognition Groups

Impaired Cognition making	B3-3 severely impaired daily decision making	3	IA1	0-11	Impaired Cognition low ADL	1.144
		2	IB1	12-14	Impaired Cognition medium ADL	1.568
		1	IC1	15-25	Impaired Cognition high ADL	2.250



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MDS-RCA Training: RUG Groups

### Clinically Complex Groups

Clinically Complex	At least one of the following conditions: R1a1: diabetes receiving daily injections R1c: aphasia R1c: seizure policy R1c: neuropharmacological R1c: MS R1c: osteoporosis R1c: multiple terminal prognosis R1c: burns M2a2: 0 or 0 (scored 0) ulcers due to pressure or decreased blood flow O4a2: 7: diabetes (receiving daily injections) P1a1: radiation + chemotherapy P1a2: oxygen P1a3a3: respiratory therapy 5 or more days per week P3a-1, 2, or 3: monitoring for acute conditions P3b-1, 2, or 3: monitoring for acute conditions P1b3: meaning 4 or more days with physician order changes	9	DA1	0-1	Complex low ADL	0.936
	P3a-1, 2, or 3: monitoring for acute conditions	10	DB1	2-8	Complex medium ADL	1.206
	P3b-1, 2, or 3: monitoring for acute conditions	11	DC1	7-11	Complex high ADL	1.593
	P1b3: meaning 4 or more days with physician order changes	12	DD1	12-28	Complex very-high ADL	1.944

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MDS-RCA Training: RUG Groups

### Behavioral Health Groups

Behavioral Health	R1a-R1c: two or more indicators of depression, anxiety or sad mood (scored as 1 or 2), OR P2a-P2f: three or more items checked (three or more interventions or programs for mood, behavior or cognitive loss, OR U1a: evaluation, OR U1b: hallucinations	6	HA1	0-4	Behavioral health low ADL	0.66
		7	HB1	5-15	Behavioral health medium ADL	1.277
		8	HC1	16-20	Behavioral health high ADL	1.816

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MDS-RCA Training: RUG Groups

### Physical and Default groups

Not Classified	MDS-RCA RUG items contain invalid or missing data	1	BC1	n/a	Default	0.731
Physical	No additional items: assistance with ADL only	2	PA1	0-3	Physical low ADL	0.731
		3	PI1	4-7	Physical medium ADL	1.004
		4	PD1	8-10	Physical high ADL	1.016
		5	PD1	11-28	Physical very-high ADL	1.418

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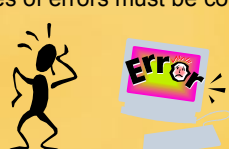
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MDS-RCA Training: Purpose

### Documentation errors vs. Payment errors

- A Payment error counts towards the final "error rate" presented at the time of the exit interview.
- A Documentation or clinical error does not count towards the final error rate.
- Both types of errors must be corrected



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MDS-RCA Training: Assessment Tool

## MDS-RCA Assessment Tool

### Section by Section



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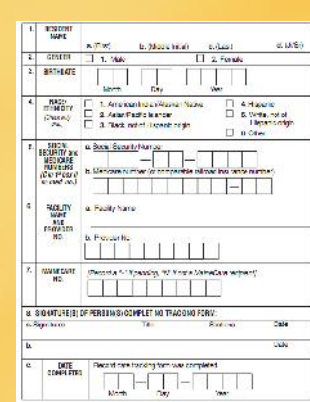
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MDS-RCA Training: Assessment Tool

### Section AA: Identification Information.



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## MDS-RCA Training: Assessment Tool

Face Sheet: Background Information  
Completed at the time of the resident's  
initial admission to the facility.

Section AB: Demographic Information  
Section AC: Customary Routine  
Section AD: Face Sheet Signatures and  
dates

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## MDS-RCA Training: Assessment Tool

## Section A: Identification and Background information

1. RESIDENT NAME	a. First	b. Middle Initial	c. Last	d. (Jr/Sr)
2. SOCIAL SECURITY and MEDICARE NUMBERS (If in 9th box of no med. etc.)	a. Social Security Number			
3. FACILITY NAME AND PROVIDER NO.	a. Facility Name			
4. NURSING NO.	b. Provider No.			
5. ASSESSMENT DATE	Last day of observation period			
6. REASON FOR ASSESSMENT	(Check primary reason for assessment) <input type="checkbox"/> 1. Admission assessment <input type="checkbox"/> 4. Semi Annual <input type="checkbox"/> 2. Annual assessment <input type="checkbox"/> 5. Other (specify) <input type="checkbox"/> 3. Significant change in status assessment			

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## MDS-RCA Training: Assessment Tool

## Section B: Cognitive Patterns

1. MEMORY	(Recall of what was learned or known) a. Short term memory OK—seems appropriate to recall after 5 minutes <input type="checkbox"/> b. Memory OK <input type="checkbox"/> 1. Memory problem b. Long term memory OK—seems appropriate to recall long past <input type="checkbox"/> c. Memory OK <input type="checkbox"/> 1. Memory problem
2. MEMORY RECALL ABILITY	Check if that resident was nonresponsive to recall during last 7 days <input type="checkbox"/> a. Current session <input type="checkbox"/> d. That resident is in a facility/home <input type="checkbox"/> b. Location of own room <input type="checkbox"/> e. NONE OF ABOVE are recalled <input type="checkbox"/> c. Staff names/faces
3. COGNITIVE SKILLS FOR DAILY DECISION-MAKING (Check only one)	(Made decisions regarding tasks of daily life) <input type="checkbox"/> a. INDEPENDENT—decisions reasonable/assessable <input type="checkbox"/> 1. MODERATELY IMPAIRED—some difficulty in new situations only <input type="checkbox"/> 2. MODERATELY IMPAIRED—decisions poor; cues/supervision required <input checked="" type="checkbox"/> 3. SEVERELY IMPAIRED—never/made decisions
4. COGNITIVE STATUS (Check only one)	Resident's cognitive status or abilities now compared to resident's status 180 days ago (or since admission if less than 180 days) <input type="checkbox"/> 0. No change <input type="checkbox"/> 1. Improved <input type="checkbox"/> 2. Deteriorated

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MDS-RCA Training: Assessment Tool



**SECTION C. COMMUNICATION/HEARING PATTERNS**

1. <b>HEARING</b> (Check only one)	(With hearing appliance, if used) <input type="checkbox"/> 0. HEARS ADEQUATELY—normal talk, TV, phone <input type="checkbox"/> 1. MINIMAL UNDERSTANDING when not in quiet setting <input type="checkbox"/> 2. HEARS IN SPECIAL SITUATIONS ONLY—audience has to adjust speech rate and volume frequently <input type="checkbox"/> 3. HIGHLY IMPAIRED—absence of useful hearing
2. <b>COMMUNICATION DEVICES/TECHNIQUE</b> (Check all that apply during last 7 days)	<input type="checkbox"/> a. Hearing aid: present and used <input type="checkbox"/> b. Hearing aid: present and not used regularly <input type="checkbox"/> c. Other: (specify current or future) (but include user, e.g., lip reading) <input type="checkbox"/> d. NONE OF ABOVE
3. <b>MAKING SELF UNDERSTOOD</b> (Check only one)	(Expressing information; content—not how or able) <input type="checkbox"/> 0. UNABLE TO DO <input type="checkbox"/> 1. USUALLY UNDERSTOOD—often by finding words or phrasing messages <input type="checkbox"/> 2. SOMETIMES UNDERSTOOD—ability is limited to making concrete requests <input type="checkbox"/> 3. RARELY UNDERSTOOD
4. <b>ABILITY TO UNDERSTAND OTHERS</b> (Check only one)	(Understanding information content—not how or able) <input type="checkbox"/> 0. UNDERSTANDS <input type="checkbox"/> 1. USUALLY UNDERSTANDS—may miss some part / intent of message <input type="checkbox"/> 2. SOMETIMES UNDERSTANDS—responds accurately to simple direct communication <input type="checkbox"/> 3. RARELY/NEVER UNDERSTANDS

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MDS-RCA Training: Assessment Tool



**SECTION D. VISION PATTERNS**

1. <b>VISION</b> (Check only one)	(Ability to see in adequate light and with glasses if used) <input type="checkbox"/> 0. ADEQUATE—reads fine detail, including regular print in newspapers/books <input type="checkbox"/> 1. IMPAIRED—sees large print, but not regular print in newspapers/books <input type="checkbox"/> 2. MODERATELY IMPAIRED—limited vision; not able to see newspaper headlines, but can identify objects <input type="checkbox"/> 3. HIGHLY IMPAIRED—object identification in question; but eyes appear to follow objects <input type="checkbox"/> 4. SEVERELY IMPAIRED—no vision or sees only light, motion, or shapes; eyes do not appear to follow objects
2. <b>VISUAL APPLIANCES</b>	a. Glasses, contact lenses <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes b. Artificial eyes <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes



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MDS-RCA Training: Assessment Tool



**SECTION E. MOOD and BEHAVIOR PATTERNS**

1. <b>INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD</b>	(R/RP: Record the signs/symptoms for the frequency of the symptoms; observed at least 50 days, irrespective of the assumed cause) <input type="checkbox"/> 0. Not exhibited for 50 days <input type="checkbox"/> 1. This type of behavior exhibited up to 5 days a week (a minimum of 6 times per month) <input type="checkbox"/> 2. This type of behavior exhibited more than 5 days a week (at least once a week)
<b>VERBAL EXPRESSIONS OF DISTRESS</b>	<input type="checkbox"/> a. Resident made negative statements—e.g., "Nothing matters. I want to be dead." "What's the use? Regrets having lived so long. Let me die." <input type="checkbox"/> b. Repetitive questions—e.g., "Where do I go? What do I eat?" ("God help me") <input type="checkbox"/> c. Repetitive verbalizations—e.g., calling out for help. <input type="checkbox"/> d. Resident angry with staff or others—e.g., easily annoyed, anger, placement in facility anger always resolved <input type="checkbox"/> e. Self-negations—e.g., "I am nothing." "I am no use to anyone." <input type="checkbox"/> f. Repetitive statements of being alone, being with others <input type="checkbox"/> g. Repetitive statements that something terrible is about to happen—e.g., "I believe he or she is about to die." "I have a heart attack." <input type="checkbox"/> h. Repetitive health complaints—e.g., constantly seeks medical attention, obsessive concern with body functions <input type="checkbox"/> i. Repetitive anxiety complaints/obsessions (non-health related)—e.g., constantly seeks attention/assurance regarding schedules, meals, laundry, clothing, relationship issues.

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MDS-RCA Training: Assessment Tool

Section I: Diagnosis

All diseases and conditions must have physician documented diagnosis in the clinical record.

Do not include conditions that have been resolved or no longer affect the resident's functioning or service plan.

These diagnoses contribute to the Clinically Complex RUG groups

- Diabetes with daily insulin injections
- Aphasia
- Cerebral palsy
- Hemiparesis/hemiplegia
- Multiple sclerosis (MS)
- Quadriplegia
- Explicit terminal prognosis (6 months or less)

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MDS-RCA Training: Assessment Tool

Section J covers Health Conditions and Possible Medication Side Effects...

A lot of territory!

- J1. Problem conditions
- J2. Extrapyramidal signs and symptoms
- J3 and 4. Pain Symptoms and location
- J5 and 6. Pain interference and management
- J7. Accidents
- J8. Fall risk

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MDS-RCA Training: Assessment Tool

Section J. Health Conditions and Possible Medication Side Effects

SECTION J. HEALTH CONDITIONS AND POSSIBLE MEDICATION SIDE EFFECTS	
(Check all problems present in last 7 days unless other time frame is indicated)	
1. PROBLEM CONDITIONS	
<input type="checkbox"/> a. inability to breathe due to shortness of breath	<input type="checkbox"/> i. Hiccups
<input type="checkbox"/> b. shortness of breath	<input type="checkbox"/> j. Numbness/tingling
<input type="checkbox"/> c. Cerebral	<input type="checkbox"/> k. Abnormal vision
<input type="checkbox"/> d. Cerebral edema	<input type="checkbox"/> l. Unusually dry mouth
<input type="checkbox"/> e. Delusions	<input type="checkbox"/> m. Excessive salivation or drooling
<input type="checkbox"/> f. Hallucinations	<input type="checkbox"/> n. Change in normal eye color
<input type="checkbox"/> g. Memory	<input type="checkbox"/> o. Other (specify) _____
<input type="checkbox"/> h. Unconsciousness	<input type="checkbox"/> p. NONE OF ABOVE

Delusions and Hallucinations are both items that can contribute to the Behavioral Health RUG groups. **Descriptive documentation required**

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MDS-RCA Training: Assessment Tool

Section P: Special Treatments and Procedures (cont)



- P4. Rehab / Restorative care
- P5. Skill Training
- P6. Adherence With Treatments/Therapies Programs
- P7. General Hospital Stays
- P8. Emergency Room (ER) Visit(s)
- P9. Physician Visits



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MDS-RCA Training: Assessment Tool

Section P: Special Treatments and Procedures (cont)

10. PHYSICIAN ORDERS	In the last 14 days or since admission if less than 14 days in facility, how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter "0" if none)
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Note: Code the number of **days** the physician changed the resident's orders, not including order renewals without Change or clarification of orders.



This item will contribute to the Clinically Complex RUG group if coded as **4 or more**

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MDS-RCA Training: Assessment Tool

Section P: Special Treatments and Procedures (cont)



- P11. Abnormal Lab Values
- P12. Psychiatric Hospital Stay(s)
- P13. Outpatient Surgery



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MDS-RCA Training: Assessment Tool

### Section Q: Service Planning

**SECTION Q: SERVICE PLANNING**

1. <b>RESIDENT GOALS</b> (Check all that apply. If resident has self-identified goals.)	<input type="checkbox"/> a. Health promotion/preventive services <input type="checkbox"/> b. Social involvement/visiting friends <input type="checkbox"/> c. Activities/hobbies/adult learning <input type="checkbox"/> d. Rehabilitation/skilled <input type="checkbox"/> e. Maintain or improve physical or cognitive function <input type="checkbox"/> f. Participation in the community <input type="checkbox"/> g. Other (specify) _____ <input type="checkbox"/> h. No goals
2. <b>CONFLICT</b>	a. Any disagreement between resident and family about goals or service plan? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes b. Any disagreement between resident/family and staff about goals or service plan? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

**Note: this item refers to Resident self-identified goals**

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MDS-RCA Training: Assessment Tool

### Section R: Discharge Potential

**SECTION R: DISCHARGE POTENTIAL**

1. <b>DISCHARGE POTENTIAL</b>	a. Does resident or family indicate a preference to return to community? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes b. Does resident have a support person who is positive towards discharge? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes c. Has resident's self-sufficiency changed compared to 6 months or since admission, if less than 6 months? <input type="checkbox"/> 0. No change <input type="checkbox"/> 1. Improved <input type="checkbox"/> 2. Declined
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MDS-RCA Training: Assessment Tool

### Section S: Assessment Information and Signatures

**SECTION S: ASSESSMENT INFORMATION**

1. <b>PARTICIPATION IN ASSESSMENT</b>	a. Resident: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes b. Family: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Family c. Other/Non-Staff: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. None
2. <b>SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:</b>	
a. Signature of Assessment Coordinator (sign on line above) Date Assessment Coordinator signed as complete: <input type="text"/> / <input type="text"/> / <input type="text"/>	
b. Other Signatures: <input type="text"/> Title: <input type="text"/> Section: <input type="text"/> Date: <input type="text"/>	
c. <input type="text"/> Date: <input type="text"/>	
d. <input type="text"/> Date: <input type="text"/>	
e. <input type="text"/> Date: <input type="text"/>	
3. <b>CASE MIX GROUP</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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MDS-RCA Training: Assessment Tool		
Prior N11	RESIDENT NAME	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 7. <input type="text"/> 8. <input type="text"/> 9. <input type="text"/> 10. <input type="text"/>
Prior N22	ATTENDER	1. <input type="text"/> 2. <input type="text"/>
Prior N23	ESTIMATE	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 7. <input type="text"/> 8. <input type="text"/> 9. <input type="text"/> 10. <input type="text"/>
Prior N24	SPECIAL STAFFING	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 7. <input type="text"/> 8. <input type="text"/> 9. <input type="text"/> 10. <input type="text"/>
Prior N1	REASON FOR ADMISSION	1. Admission assessment 2. Medical assessment 3. Short-term changes in status assessment 4. Discharge assessment 5. Other 6. Transfer from (N1, N2) 7. Discharge from (N1, N2) 8. Other 9. Discharge from (N1, N2) 10. Other
Prior DATE	PRIOR DATE	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 7. <input type="text"/> 8. <input type="text"/> 9. <input type="text"/> 10. <input type="text"/>
Prior N3	ASSESSMENT DATE	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 7. <input type="text"/> 8. <input type="text"/> 9. <input type="text"/> 10. <input type="text"/>
Prior N21	DISCHARGE DATE	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 7. <input type="text"/> 8. <input type="text"/> 9. <input type="text"/> 10. <input type="text"/>

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MDS-RCA Training: Corrections

**CORRECTION SECTION:**  
COMPLETE THIS SECTION TO EXPLAIN THE CORRECT REQUEST



A1.	CORRECT ON SUBJECT NUMBER	IDENTIFY NUMBER of computers for this record, including the problem(s).	A1.
A2.	OTHER REQUESTS	1. RECORD request for error (Action and submit a COMPLETE assessment of the activity. Do NOT submit the corrected record only. Proceed to item A3.) 2. RECORD request for error (DO NOT submit an assessment of the activity. Submit the correction record only. Proceed to item A3.)	
A3.	REASON FOR MISFEEDBACK	1. (If A2, check at least one of the following reasons; check all that apply, then skip to A4.) a. Human error b. Data entry error c. Software/dataset error d. New design error e. Other error f. "Other" checkbox, check as applicable.	 1. 2. 3. 4. 5.
A4.	REASON FOR INACTIVITY	1. (If A3, check at least one of the following reasons; check all that apply, then skip to A5.) a. Test record submitted as production record b. Overdid not occur c. Inadvertent submission of an inquires record d. Other reason involving inactivity e. "Other" checkbox, check as applicable.	 1. 2. 3. 4. 5.

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MDS-RCA Training: Corrections



## Correction Request Form

**Purpose of this form:**

To request correction of errors in an assessment or tracking form that has already been accepted into the database.

- To modify a record in the database
- To inactivate a record in the database

**It is important that the information in the State database be correct.**



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MDS-RCA Training: Corrections

delete

### Correction Request Form

To **INACTIVATE** a record in the State database

1. Complete this correction request form
2. Create an electronic record of the form
3. Place a hard copy of the documents in the Clinical record
4. Electronically submit this request.

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MDS-RCA Training: Submission

The link to the SMS website can be found on the Muskie School of Public Service, Minimum Data Set (MDS) Technical Information website:

**<http://muskie.usm.maine.edu/mds/>**

Click on the link and the SMS log-in screen will appear. Type in your username and password and hit the Log In button to enter the site.

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**Muskie School of Public Service**

Minimum Data Set (MDS) Technical Information

**Welcome to Maine's Minimum Data Set (MDS) Technical Information Site**

This site provides technical information related to the family of MDS resident assessment instruments used by healthcare provider programs. The University of Southern Maine (USM) Muskie School of Public Service (MSPS) maintains this site on behalf of the Maine Department of Health and Human Services (DHHS).

The family of MDS resident assessment instruments includes Minimum Data Set for:

- nursing facilities (MDS 2.0);
- residential care facilities (MDS-RCF); and
- adult family care homes (residential care level II).

The information current at this site is intended to assist:

- State and Provider staffs with the most current MDS information and resources;
- Computer software designers in meeting State requirements concerning the encoding and electronic transmission of MDS assessments;

**Website Contents List**

- [Home Page Links](#)
- [Residential Care Facility Links](#)
- [Adult Family Care Home/Residential Care - Level II Links](#)

**Nursing Home Links**

- [MDS 2.0](#)
- [MDS 2.0 R-1000](#)

**HF R1000 Developer**

- [Maine MDS R1000 Code](#)

**Residential Care Facility Links**

**MDS: Maine MDS Submission Management System**

- [Go to Log-In Page](#)

**MDS RCF Portal**

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MDS-RCA Training: Documentation Requirements

## Documentation Requirements



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MDS-RCA Training: Documentation Requirements

## Clinically Complex

MDS RCA Item and reference	Field	Documentation Requirement
<b>Clinically Complex</b>		
I1a and O4Ag pg. 69 and 50 I1r pg. 64	Diabetes receiving daily insulin injections	<ul style="list-style-type: none"> <li>Physician's diagnosis of diabetes, and receiving daily injections of insulin</li> </ul>
	Aphasia	<p>Definition: A speech or language disorder caused by disease or injury to the brain resulting in difficulty expressing thoughts (i.e., speaking, writing), or understanding spoken or written language.</p> <p>Documentation requirements:</p> <ul style="list-style-type: none"> <li>difficulty must be noted in the resident chart</li> <li>physician's diagnosis in the record</li> <li>current diagnosis and active treatment</li> </ul>
I1a pg. 69	Cerebral Palsy	<ul style="list-style-type: none"> <li>physician's diagnosis</li> <li>current diagnosis and active treatment</li> </ul>
I1v	Hemiplegia/Hemiparesis	<ul style="list-style-type: none"> <li>physician's diagnosis</li> <li>current diagnosis and active treatment</li> </ul>

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MDS-RCA Training: Documentation Requirements (Clinically Complex)

I1a I1b I1c	Multiple Sclerosis Explicit Terminal Prognosis	<ul style="list-style-type: none"> <li>physician's diagnosis</li> <li>current diagnosis and active treatment</li> <li>A physician has put in the record that the resident is terminally ill and expected to have no more than 6 months to live.</li> <li>This should be substantiated with a documentation of diagnosis and deteriorating clinical condition.</li> </ul>
I1z	Quadriplegia	<ul style="list-style-type: none"> <li>A physician diagnosis or analysis of all four limbs.</li> <li>Current diagnosis and active treatment</li> </ul>
I11a	Burns - 2" or 3" degree	<ul style="list-style-type: none"> <li>Confirmation of the degree of the burn by the physician. In accordance with the Maine State Board of Nursing, the determination of degree of a burn must be documented by a physician.</li> <li>The status of a burn can be documented by a registered nurse or physician.</li> <li>Current diagnosis and active treatment</li> </ul>
I12	Ulcers	<p>Ulcers must be staged by a registered nurse or physician during the observation period for the MDS-RCA.</p> <ul style="list-style-type: none"> <li>Current diagnosis and active treatment</li> <li>Periodic evaluation by a registered nurse.</li> </ul> <p>Note: the definition of ulcer due to any cause means any lesion caused by pressure or decreased blood resulting in damage to underlying tissue.</p>
P13a	Chemotherapy	<ul style="list-style-type: none"> <li>Any type of antineoplastic drug given by any route</li> <li>Evidence in the resident record</li> </ul> <p>Chemotherapy can only be coded if administered for a diagnosis of cancer.</p>
P13a	Radiation	<ul style="list-style-type: none"> <li>Radiation therapy or implant</li> <li>Evidence in the resident record</li> </ul> <p>Radiation therapy can only be coded if administered for a diagnosis of cancer.</p>
P14a	Oxygen	<ul style="list-style-type: none"> <li>physician's order</li> <li>administered during the past 14 days.</li> </ul>

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## MDS-RCA Training: Documentation Requirements (Clinically Complex)

MDS RCA Item	Field	Documentation Requirement
P10dA	Respiratory Therapy 5 or more days per week	<ul style="list-style-type: none"> <li>Physician order</li> <li>Performed by a qualified therapist</li> <li>Documentation of frequency, and the</li> <li>Qualified professional must be with resident at least 15 minutes per day and at least 5 days per week</li> </ul> <p>Includes only therapies based on a therapist's assessment and treatment plan that is documented in the resident's clinical record.</p>
P8	Need for ongoing monitoring	<ul style="list-style-type: none"> <li>The need for monitoring must be determined, directed and documented by a physician or a registered nurse</li> <li>The need for ongoing monitoring for: <ul style="list-style-type: none"> <li>An acute condition</li> <li>A chronic condition that exacerbated into an acute episode</li> <li>A new treatment or medication</li> </ul> </li> <li>Documentation that monitoring has been provided by the person responsible within the look back period</li> </ul>
P11	4 or more order change days	<ul style="list-style-type: none"> <li>Order the number of days on which physician orders were changed</li> <li>Written, telephone, fax, or consultation orders for new or altered treatment</li> <li>Does NOT include admission orders, return admission orders, clarifying, or renewal orders without changes</li> </ul>

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## MDS-RCA Training: Documentation Requirements

## Impaired Cognition and Problem Behavior

MDS RCA Item and reference	Field	Documentation Requirement
<b>Impaired Cognition</b>		
B3, pg 28	Cognitive Skills for Daily Decision Making	Documentation of the resident's actual performance in making everyday decisions about tasks or activities of daily living within the look back period. Documentation must support the coding selected.
MDS RCA Item	Field	Documentation Requirement
<b>Problem Behavior and Conditions</b>		
E1a-E1r, pg 34	Indicators of Capabilities	Evidence and observation of the identified indicators must be present in the resident record within the look back period.
J1a, pg 36	Delusions	Documentation in the resident record should describe examples of fixed, false beliefs, not shared by others even when there is obvious proof or evidence to the contrary, that occurred within the look back period.
J1f, pg 38	Hallucinations	Documentation in the resident record should describe examples of tactile, auditory, visual, gustatory, olfactory false perceptions in the absence of any real stimuli that occurred within the look back period.
P2a - P2j	Intervention Programs for Mood, Behavior, Cognitive Issues	Documentation that the resident has received any intervention and/or strategies in the last seven days. Service plan should include the evaluation for and the provision of these services as well as the outcomes of treatment.

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## MDS-RCA Training: Documentation Requirements

## Physical Impairment

MDS RCA Item	Field	Documentation Requirement
<b>Physical</b>		
G1aA	Bed mobility	Documentation in the record must reflect the resident's ADL self-performance over the 7 day period, 24 hours per day. Only self-performance counts towards the ADL score.
G1bA	Transfer	
G1cA	Feeding	
G1dA	Dressing	
G1eA	Eating	
G1fA	Toilet Use	
G1gA	Personal Hygiene	



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## MDS-RCA Training: Quality Indicators



## What are Quality Indicators??

- Identify flags
- Identify exemplary care
- Identify potential care problems
- Identify residents for review
- Provide general information
- Identify education needs
- Based solely from responses on the MDS-RCA

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## MDS-RCA Training: Quality Indicators

## Quality Indicator Reports

The "PNMI Residential Care Facility Quality Indicator" report is prepared & mailed to each facility every 6 months.



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## MDS-RCA Training: Quality Indicators

Q1-1	Prevalence of Resident Incontinence (High Degree of Incontinence)	Q1-20	Incidence of Delirium in Late Low ADLs - Late Risk
Q1-2	Prevalence of Resident Incontinence (Low Degree of Incontinence)	Q1-21	Incidence of Delirium in Early Low ADLs
Q1-3	Prevalence of Resident Incontinence (High Degree of Incontinence)	Q1-22	Incidence of Delirium in Early Low ADLs - High Risk
Q1-4	Prevalence of Resident Incontinence (Low Degree of Incontinence)	Q1-23	Incidence of Delirium in Early Low ADLs - Low Risk
Q1-5	Prevalence of Injury	Q1-24	Incidence of Improvement in Late Low ADLs
Q1-6	Prevalence of Falls	Q1-25	Incidence of Improvement in Early Low ADLs
Q1-7	Prevalence of Behavioral Symptoms	Q1-26	Prevalence of Emergency Room Visits to Obtain Urinalysis
Q1-8	Prevalence of Behavioral Symptoms without Behavior Management Program	Q1-27	Prevalence of Psychiatric Hospital Stays in Last 6 months
Q1-9	Prevalence of Resident using Potent Medication in last 6 days including PRNs	Q1-28	Prevalence of Hospital Stays in Last 6 months
Q1-10	Prevalence of Resident using Potent Medication in last 6 days	Q1-29	Prevalence of Wounds/Lesions
Q1-11	Prevalence of Cognitive Impairment	Q1-30	Prevalence of Wounds/Lesions (Primary Mode of Admission)
Q1-12	Prevalence of Medical Long Term Cognitive Impairment	Q1-31	Prevalence of High Case Mix Index
Q1-13	Prevalence of Urinary Incontinence	Q1-32	Prevalence of Falls
Q1-14	Prevalence of Skin-Pressure Injury	Q1-33	Prevalence of Fall Injuring without Fall Management
Q1-15	Prevalence of Acute or Chronic	Q1-34	Prevalence of Acute or Chronic or Absence of Diagnosis
Q1-16	Prevalence of Urinary Incontinence (High Risk)	Q1-35	Prevalence of Falls without Injury Code
Q1-17	Prevalence of Urinary Incontinence (Low Risk)	Q1-36	Prevalence of Falls (Injury)

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Title	Description	MDS-RCA Variable Definition
3.1. Prevalence of Bladder Incontinence (High Degree of Incontinence)	<p><b>Numerator:</b> All residents who were frequently incontinent or incontinent on most recent assessment.</p> <p><b>Denominator:</b> Most recent assessment on all residents excluding those with indwelling Catheter.</p>	<p><b>Numerator:</b> Resident's incontinence: (H1b3 OR H1b*4)</p> <p><b>Denominator:</b> MDS: recent assessment on all residents</p> <p><b>Exclude:</b> Indwelling Catheter (H3d**)</p>
4.1. Prevalence of Bladder Incontinence without Scheduled Toileting Plan.	<p><b>Numerator:</b> Residents without toileting plan and are occasionally incontinent to continent most recent assessment.</p> <p><b>Denominator:</b> Residents who were occasionally incontinent to incontinent on most recent assessment excluding those with indwelling Catheter.</p>	<p><b>Numerator:</b> Not scheduled to toilet/other program (H3d*0)</p> <p><b>Denominator:</b> Most recent assessment for all residents where bladder incontinence is occasionally incontinent to incontinent: (H1b*2 or H1b*3 or H1b*4)</p> <p><b>Exclude:</b> Indwelling Catheter (H3d**)</p>

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MDS-RCA Training: Quality Indicators

### The QI Report

- Allows each facility review the results and compare your facility's percentage to the state average.
- What could cause your facility to be higher or lower than other facilities?
- Verify that the resident's condition was accurately assessed at the time the MDS-RCA was completed
- Identify if facility changes are needed

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MDS-RCA Training: Wrap up

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MDS-RCA Training: Wrap Up

Reminders:

- Quarterly Res Care Forum Calls in March, June, September, and December- Call the MDS help desk to register.
- ASK questions!
- ASK more questions!
- Attend training as needed

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Contact Information

- MDS Help Desk: 624-4019  
[MDS3.0.DHHS@maine.gov](mailto:MDS3.0.DHHS@maine.gov)
- Lois Bourque RN: 592-5909  
[Lois.Bourque@maine.gov](mailto:Lois.Bourque@maine.gov)
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